UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 24 SEPTEMBER 16, 1997

Faculty OK electing representative to UCSF Stanford board

By LISA CISNEROS

The UCSF Academic Senate — with barely the 40 members necessary to reach a quorum — endorsed a proposal to elect a representative to the UCSF Stanford Health Care board of directors on Tuesday.

While faculty agreed on the role of the faculty representative and the eligibility criteria for nominees, decisions on who will be eligible to vote and how to conduct a runoff election of finalists were tabled.

The Academic Senate action came just a week before the UC Regents are expected to approve the merger of UCSF and Stanford health care services at a meeting at Laurel Heights.

Regents and Stanford Trustees agreed last July that the UCSF Stanford board would consist of 17 members. Each university has six representatives on the board, which also includes the merged medical center's Peter Van Etten, CEO, and Bruce Wintroub, chief medical officer, as well as three independent directors.

The Academic Senate had called Tuesday's special meeting on short notice to discuss how to elect its next faculty representative to the board. Lee Goldman, associate dean and chair of the department of medicine, who was appointed to the board, currently serves in that position. Chancellor Haile Debas, dean of the

(See **Senate** on page 3)

Wesley Wong

Diane Dicosola, a registered nurse who works in the intensive care unit at the UCSF Medical Center, poses with her four-legged friend Ellie Mae.

A worthwhile photo opportunity

The Hospitals Auxiliary at UCSF is again sponsoring a photo opportunity through December for faculty, staff and students to help raise funds for patient amenities.

The campus community is cordially invited to "Get into the Picture," a special offer to be captured on film by local portrait photographer Wesley Wong.

Each session costs $150, $50 of which is tax deductible, plus sales tax. The session includes about 36 proofs, two 8-by-10 enlargements of one pose and ownership of the negatives. Call the Hospitals Auxiliary at 476-4906 for Saturday and Sunday appointments and for more information.

Studies show wonders of drug to treat osteoporosis

By REBECCA HIGBEE

For the first time, a drug has been found to reduce bone fractures in women with no previous spinal fractures but who are at risk for osteoporosis, a UCSF researcher says.

Steven R. Cummings, UCSF professor of medicine and epidemiology and biostatistics, presented his study findings during an annual scientific meeting Sept. 11.

Researchers found that women taking the study drug alendronate are at 14 percent lower risk of developing any type of fracture and 44 percent lower risk of experiencing a first spinal fracture than women taking a placebo. Results of the study could apply to 15 to 20 million postmenopausal women in the US alone, Cummings says.

"The finding is significant because after women experience a first spinal fracture, they are twice as likely to fracture their hips and four to five times more likely to suffer additional spinal fractures than women who have had no spinal fracture," he says.

Cummings presented the findings from the second arm of the Fracture Intervention Trial (FIT) — the largest randomized osteoporosis drug study ever conducted — during the American Society for Bone and Mineral Research meeting.

Among all 2,214 women in this arm of FIT, alendronate significantly increased bone density and reduced the risk of fractures other than wrist, hip and spine by 21 percent. While hip fractures account for most of the health care costs due to osteoporosis, it has recently been estimated that these "other" types of fractures cost nearly $4 billion a year in the United States alone, according to Cummings.

The UCSF study also found that alendronate was comparable to the placebo in terms of safety.

"Every postmenopausal woman should talk to her doctor about her risk for osteoporosis and whether she may benefit from treatment," Cummings says. "Physicians will take into account various risk factors, such as her bone density and history of fractures, in helping her make a decision."

UCSF researchers also presented findings from first arm of FIT that show that alendronate reduces pain due to spinal fractures, has no increased safety risks, and effects the ability of bone "markers" to predict bone growth in the spine. The study included 2,027 osteoporotic women who had already suffered a spinal fracture.

"When you see a reduction in the number of painful spinal fractures, there is an accompanying decrease in disability that goes along with it," says Michael C. Nevitt, UCSF assistant professor of epidemiology and medicine. "Our results suggest that alendronate benefits the patient not only by building bone and reducing fracture risk, but also by preventing functional limitation due to back pain."

(See **Osteoporosis** on page 4)

Researchers critical of state TB program

Tuberculosis control policies should provide reasonable access to housing, psychiatric and substance abuse care for patients who persistently do not adhere to their TB treatment, according to a UCSF study.

"In addition, these policies should establish appropriate sites for civil detention and detain persistently non-adherent patients until successful completion of therapy is almost certain," says senior author Bernard Lo, UCSF professor of medicine and director of the UCSF Program in Medical Ethics. He and researcher colleagues conducted an analysis of California's TB control policy looking at TB patients who persistently do not complete their nine-month-long drug therapy treatment.

"Despite all efforts of TB controllers to provide treatment and social services, a small number of patients — about 1.3 percent — do not comply," Lo says. "Because these patients are not completing treatment, they pose a threat to public health."

Since the UCSF study, improvements have been made to control TB in California. For example, there has been more funding for civil detention centers, such as hospital-type settings, and TB controllers in the state have begun working on guidelines for other services for TB patients who are mentally ill and who are substance abusers, Lo says.

To minimize the public health risk, California implemented a law in 1994 to allow either criminal or civil detention of persistently non-adherent TB patients. According to the study, published in the Sept. 10 Journal of the American Medical Association, criminal detention assures that patients are available for treatment and the threat of jail may motivate patients to adhere to treatment. Civil detention, such as in a hospital setting, focuses on treatment and gives public health officials control over the case.

Tuberculosis cases increased almost 20 percent nationally from 1985 to 1992. Many factors such as the AIDS epidemic, increases in substance abuse and homelessness, increased immigration, and lack of patient compliance contributed to the soaring number of cases of TB, researchers say. However, many believe the TB resurgence has been the result of policy maker neglect of TB control mandates, which dismantled programs that kept TB under control.

A critical week for UCSF Stanford merger

This Friday — barring any unforeseen setbacks — UC Regents are expected to take the final vote to approve the merger of UCSF and Stanford and, by doing so, create one of the country's premier medical centers.

"Doctors, researchers, and educators at both Stanford and UCSF feel growing excitement about the potential of the merger," says Chancellor Haile Debas, dean of the School of Medicine. "I am confident that the residents of the Bay Area and Northern California will share that anticipation as the potential benefits of UCSF Stanford Health Care become real over the coming months and years."

It has been a long haul for Debas and other UCSF administrative and faculty leaders who began meeting with their Stanford counterparts in the summer of 1995 to explore a collaboration that would enable the University to preserve its long-standing missions in teaching, research and patient care.

And while the start-up date for the non-profit public benefit corporation has been delayed three times, the organization is now poised to begin day one of joint operations as of November 1.

As Newsbreak went to press, Governor Pete Wilson is expected to act on two virtually identical bills passed by the Senate and Assembly. The legislation requires that UCSF Stanford board meetings be open to the public and that the board act only on items on an agenda that will be available to the public 72 hours before the meeting, except for emergency meetings. Open meetings will include a public comment period to address any item on the agenda, including budget deliberations, discussions of transactions involving publicly owned real estate valued at more than $5 million or other public property valued at over $10 million, as well as reports of labor agreements and litigation settlements. "This is a unique enterprise and required carefully crafted language to reflect the public/private partnership that

(See **Merger update** on page 3)

SFGH honors Wolfsy

By ALICE TRINKL

The first endowed chair ever funded in the UCSF department of medicine at San Francisco General Hospital has been named in honor of the late Constance B. Wofsy, a physician leader in the fight against AIDS since the beginning of the epidemic.

The chair in her honor was made possible by generous donations from her colleagues, friends, and corporate donors, and through the dedication of Merle Sande, former chief of medical services at SFGH and Julie Gerberding, UCSF associate professor of medicine, who first conceived of the idea to fund a chair in Wofsy's name.

Wolfsy

The chief of medical services at SFGH will hold the title of the endowed chair and the funding for the chair will go to support the work of an assistant professor in the department of medicine for his or her research and clinical activities. The first person to hold the title will be Talmadge King, who is expected to be appointed as chief of medical services following formal approval.

A scientific symposium, titled "Progress Toward HIV Prevention," will be held in honor of the Wofsy Distinguished Professorship in Medicine at UCSF/SFGH on Wednesday, Sept. 17 in Carr Auditorium, from 2 to 5 p.m. Four distinguished physician-scientists have been invited to speak at the symposium.

(See **Symposium** on page 2)

Gomez wins Rodriguez Award

By PAULA MURPHY

Chris T. Anderson

Michele Gomez

It seems an act of fate that Michele Gomez is the 1997 recipient of the Edilberto Antonio Rodriguez award. Like Rodriguez, Gomez has demonstrated a commitment to providing health care to underserved populations, despite significant obstacles. And Gomez's father, like Rodriguez, struggled to get an education and a better life for his family but never forgot his roots in the Latino community.

"He [Rodriguez] sounds similar in some ways to my father, who grew up in a low-income, single-parent family in Louisiana, himself a first generation Mexican-American," Gomez wrote in her personal statement. "It is hard to know me without knowing something about my father's influence on my life."

Since 1989, the award has been given to the UCSF medical student who best exemplifies the qualities of Rodriguez, a graduate of the medical school and a former resident at UCSF. Gomez was selected for such attributes as overcoming personal adversity, a commitment to serve needy communities and her inspirational moral and professional standards.

"I feel very honored to receive this," Gomez says. "While I never felt that I mirrored the attributes of Dr. Rodriguez, I hope to continue along in his direction. I admire people like him and find him an inspiration."

Gomez has overcome both physical and economic adversity in her pursuit of a medical degree. Five years ago, while a Peace Corps volunteer in Cameroon, Central Africa, she was injured in a motorcycle accident and, as a result, had her left leg amputated below the knee. Consequently, she suffers from a neuroma, which causes her significant discomfort after long periods of standing. In addition to facing a physical challenge, Gomez is financing her own medical education, and in the process is accruing a debt of more than $100,000. But Gomez is not easily discouraged. She is on a five-year medical school program to compensate for potential physical limitations and is applying for scholarships, like the Rodriguez award, to help pay for her education.

Gomez's disability did not discourage her from pursuing a career in medicine; if anything, it enhanced her desire to be a physician. "I was taken such good care of after my injury," she says. "When I returned from Cameroon I was so much more aware of people with disabilities and how incredibly different my course was after my injury compared to people in third-world countries."

This disparity in health care was of interest to Gomez long before she went to Cameroon, where she educated people about health issues, including AIDS. As a child she traveled to impoverished countries with her family and saw children her own age suffering because they did not have access to adequate health care. "In Cameroon I'd see kids dying from diarrhea and things we can't even imagine here," Gomez says. "I really appreciate the medical care we have in this country and I want to be a part of it."

Gomez has demonstrated her commitment to underserved communities by volunteering at a UCSF student-run homeless clinic by coordinating the Mission Neighborhood Health Fair last year. Gomez has a long history of public service — while majoring in urban affairs and completing requirements for medical school at Princeton University, she founded a home for pregnant teens.

Gomez has received numerous awards — she was selected to go to the American Medical Student Association's Political Leadership Institute this year; she received a 1996 Foundation for Science and Disability Scholarship and a 1995 UCSF student research fellowship; and in 1987 and 1988 she was a National Hispanic Scholar.

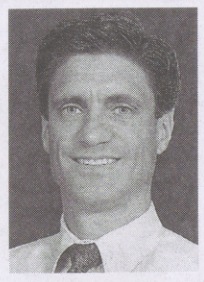
Before entering the Peace Corps, Gomez worked for the United Way of America, raising and distributing funds for local health and social service agencies. She is now focusing some of her scarce time on disability rights, specifically addressing the issues of disabled medical students at UCSF.

Despite the physical demands and economic limitations of a career in community health, Gomez says, ideally, she wants to work in the predominantly Hispanic Mission District. "As I get older I want to feel that connection with my heritage," Gomez says. "And as my father gets older it's important to him that one of his children makes that connection to the community."

VAMC names Longo chief of R & D

By JAMES LARKIN

Frank M. Longo has been named associate chief of staff for research and development at the San Francisco Veterans Affairs Medical Center. Longo, 42, will remain chief of neurology and rehabilitation service, a position he has held since 1995.


Longo

"A talented investigator with superb organizational and planning skills, Frank Longo already has begun implementation of both long- and short-term goals for the SFVAMC research program," says C. Diana Nicoll, chief of staff at SFVAMC and associate dean of the UCSF School of Medicine. "He has reorganized laboratory space and resource allocation among the researchers for increased efficiency, developed new tracking systems for grants and projects and is spearheading the creation of an internal website dedicated to research and development.

"With his unusual combination of a strong research background and keen business sense, I am confident research and development will flourish under Dr. Longo's administration," Nicoll says.

At UCSF, Longo also holds an appointment as associate professor and is vice chair of the department of neurology. In addition, Longo is director of the Neurogenetics Clinic at UCSF, the first such clinic in California to offer genetics testing for Huntington's disease.

As associate chief of staff for research and development, Longo will direct the efforts of the more than 100 investigators at the SFVAMC. Studies currently under way include strategies of primary care leading to the best outcomes and most efficient care of patients; the role of estrogen/calcitriol in breast cancer; the use of a parathyroid hormone to counter loss of bone strength and mass during space flight; participation in the VA's nationwide prostate cancer intervention versus observation trial; a study of the safety and effectiveness of Interferon Beta in the treatment of Hepatitis C; and studies determining the most effective care for both veteran and civilian patients with post-traumatic stress disorder.

"The opportunity to conduct first-rate research programs and our close affiliation with UCSF has attracted dozens of nationally prominent clinical physicians to the SFVAMC," says Longo. "As a result, our research programs can provide veterans some of the most advanced primary and specialized medical care available. In fact, many therapies offered at the SFVAMC are not available in most health care networks. My new role provides an exciting chance to work with a large number of world-class physicians and scientists."

Specializing in Alzheimer's disease and neural regeneration, Longo's current investigations are focused on the development of novel therapies for Alzheimer's. Specifically, he is concentrating on small synthetic molecules that mimic nerve growth factor.

And under Longo's guidance, a memory disorders clinic was created at the SFVAMC, where patients undergo diagnostic studies and are evaluated by a neurologist, psychologist and social worker, all in one visit. The clinic also helps physicians keep current on the latest therapeutic options.

In 1995, Longo was named a Paul B. Beeson Physician Faculty Scholar in Aging Research, a highly selective group representing the nation's top researchers in aging. Among his many other professional affiliations, Longo sits on the scientific advisory board of the Paralyzed Veterans of America Spinal Cord Research Foundation and is a member of the Huntington Study Group, an international consortium for assessment of DNA diagnostic data and controlled clinical trials.

He is also a diplomat of the American Board of Neurology and Psychiatry, as well as the National Board of Medical Examiners.

An enthusiastic and well-liked teacher, Longo was named for his outstanding leadership in clinical preceptorship by three consecutive classes of UCSF medical students.

A San Francisco resident, Longo is a graduate of the UC San Diego, where he also earned both his medical degree and his PhD in neuroscience. He completed his residency in neurology at UCSF.

Symposium (from page 1)

- James Curran, dean and professor of epidemiology, Rollins School of Public Health, Emory University, formerly of the Centers for Disease Control and Prevention, will talk on "HIV: Past, Present and Future."
- Alexandra M. Levine, professor of medicine and chief of hematology, University of Southern California, will talk about "HIV Disease in Women: Update 1997."
- John Mills, professor and director, Macfarlane Burnet Centre for Medical Research and the Australian National Centre in HIV Virology Research, will speak on "Live, Attenuated HIV Vaccines for the Prevention of HIV Infection."
- Charles S. Craik, UCSF professor of pharmaceutical chemistry, biochemistry/biophysics and cellular and molecular pharmacology, will discuss "Transdominant HIV Protease Inhibitors to Overcome Resistance."

Donald I. Abrams, UCSF professor of medicine and assistant director of the UCSF AIDS Program at SFGH, will chair the symposium, which is sponsored by the UCSF Center for AIDS Research.

Wofsy, who died on June 3, 1996 at the age of 53, was a professor of medicine and co-director of the UCSF AIDS Program at SFGH. She was a specialist in infectious diseases and was recognized internationally for her leadership in AIDS care and research and in the education of AIDS health care providers.

She and Paul Volberding co-founded the AIDS Program at SFGH in 1983. Wofsy established herself early on as an advocate not only for patients with AIDS but, in particular, for women with the disease.

In the early days of the epidemic, Wofsy was influential in providing medical services for young gay males, the predominately affected group of people with AIDS. Subsequently, she brought to public attention the plight of women who had AIDS and worked to establish new protocols for treatment of women. She co-founded AWARE (Association for Women's AIDS Research and Education), a community-based organization that worked with women at high risk for contracting HIV, offering them confidential HIV testing and counseling. AWARE also published some of the first data on the actual prevalence of HIV in high-risk women in the San Francisco Bay Area.

Wofsy also was one of the first AIDS experts to address the issue of AIDS and AIDS discrimination in the workplace.

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received August 14 - 30, 1997.

$500,000 - $1,000,000
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Howard Hughes Medical Institute

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Anesthesia Research Foundation
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DNAX Research Institute/Molecular and Cellular Biology Inc.
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Tripathy leads team to uncover answers in China

By DALE MARTIN

Responding to patient questions about the use of alternative methods of healing, UCSF breast cancer specialist Debu Tripathy and colleagues ventured to China in a quest for answers.

Witnessing a surge in the use of complementary forms of medicine through his practice at the UCSF Cancer Center, Tripathy has seen patients who use a variety of alternative therapies, including Chinese and Tibetan herbs, as part of their cancer treatment. Some women are exploring these treatments to reduce their nausea and other side effects of chemotherapy while others are trying remedies to fight the cancer itself. Still others have been told that traditional Chinese medicine may be beneficial in preventing early menopause associated with chemotherapy.

In the San Francisco Bay Area, it is estimated that 64 percent of women with breast cancer use at least one type of complementary therapy. Yet few of these approaches have been clinically tested or proven.

Tripathy is attempting to put these therapies to the test. He's establishing a relationship with cancer specialists and traditional Chinese medicine practitioners in China to launch a clinical study to examine the effectiveness of both traditional Chinese medicine and Tibetan medicine to treat breast cancer.

One of his many research projects in the past two years has been to develop a clinical study that will examine the impact of alternative medicine in treating cancer. The study is going through the approval process and now awaits approval by the federal Food and Drug Administration.

"We want to know who's using it, for what reasons, and whether we can see any obvious benefits," Tripathy says. "We want to start in the Bay Area with traditional Chinese medicine providers and expand in China."

His interest in Tibetan medicine dates back a few years, when he and the late Helene Smith, a prominent breast researcher at California Pacific Medical Center, began discussing issues with the Venerable Yeshi Dhonden, former physician to the Dalai Lama, in a panel discussion at the UCSF/Mount Zion Medical Center. The two physicians at that time laid the groundwork for a clinical study. Similar to traditional Chinese medicine, Tibetan medicine also makes use of herbs to treat patients. Since then, the focus has expanded to include traditional Chinese medicine as well.

Tripathy spent a week in Beijing in mid-August to begin talks with Chinese practitioners. Joining him were research assistant Mary Tagliaferri, who is both an acupuncturist and entering UCSF medical student, UCSF epidemiologist Marion Lee, and Isaac Cohen, an East Bay practitioner in traditional Chinese medicine. The trip was funded by a private foundation.

Tripathy and his group visited four different hospitals in Beijing in August, meeting with both oncologists and practitioners of traditional Chinese medicine. Although incidence of breast cancer is much lower in China than it is in the US, even in China cancer is treated primarily through Western medicine, Tripathy notes.

"They are very cognizant of Western surgery as well as the limitations and possibilities of each practice," Tripathy says. "No one just recommends using traditional Chinese medicine by itself."

In the US, and particularly in California, the impetus to begin clinical trials "is definitely patient-driven," Tripathy says.

Women are bewildered by choices of practitioners, types of treatment, doses of herbs and costs. Patients are obtaining herbs from a variety of sources, ranging from herbal pharmacies to mail orders from Tibetan physicians in Dharmasala, India. Although women are increasingly turning to alternatives, there hasn't been any kind of clearinghouse of information or studies on how these patients are faring.

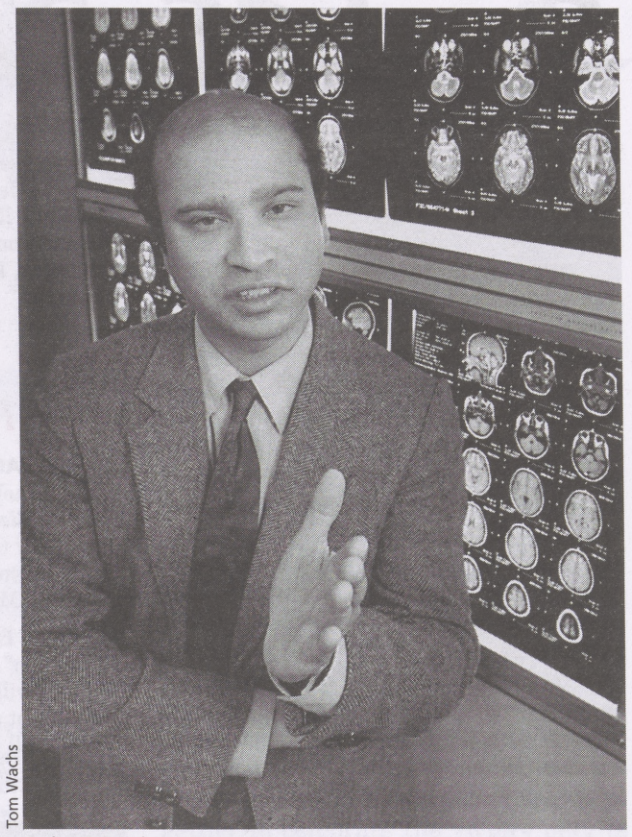
"It's all anecdotal. People are always asking us for recommendations. It's really impossible to provide that," Tripathy says.

"Until recently, we've had two communities working in isolation from one another," says Tagliaferri, a breast-cancer survivor who used both Western and traditional Chinese medicine in her treatment. "Right now marks the first attempt to integrate these practices. We've found everyone is very eager to participate."

Even as a practitioner, Tagliaferri observes that it is unclear how to measure the impact of alternative medicine on a patient's progress. She herself did a combination of surgery, dietary changes, radiation, herbs and acupuncture as part of her treatment.

"I wonder how much of it is the actual treatment or whether it is the amount of time, compassion, level of touch or even the music that is playing (in the alternative clinics)," Tagliaferri says.

She adds, "The only way to find out is for people from the two different practices to come together."



Tom Wachs

Debu Tripathy

Among the first tasks of Tripathy's team is to assemble a registry of 200 breast-cancer patients in the Bay Area who are using traditional Chinese medicine as part of their treatment. The registry is expected to get under way in the coming months. Once the registry is compiled, the goal of the study will be to develop a focused trial which will actually examine the impact of alternative medicine on a patient's health.

"I think this is one of the first stages in beginning to understand the benefits of alternative medicine," Tripathy says.

Senate (from page 1)

School of Medicine, formed an ad hoc committee headed by Neal Cohen, vice chair of anesthesia, to recommend a process to elect Goldman's successor. That recommendation formed the basis of the proposal discussed Tuesday.

The Academic Senate also was expected to consider a plan to create an intercampus alliance group or ICAG to represent faculty of both campuses and to advise UCSF Stanford leaders about the institution's academic priorities, including how funds are allocated to support the academic mission. But after faculty voted on the election process to the UCSF Stanford board, there was little time to discuss this plan. William Wara, previous Academic Senate chair and professor of radiation oncology, who briefly talked about the proposal (available on the Academic Senate website under announcements at itsa.ucsf.edu/~senate) was hoping to get some faculty feedback before he speaks on the issue at the Regents meeting next week.

As it was, faculty was barely able to vote on the election of their next representative to the UCSF Stanford board during the scheduled two-hour meeting. Lacking a quorum, Academic Senate chair Svein Oie, vice chair of the pharmacy department, began to take an unofficial, non-binding vote. An hour and twenty minutes after the start of the meeting, though, a quorum was reached and the Academic Senate began to take an official vote on the election process.

The purpose of the faculty representative, as approved Tuesday, is to provide faculty input into the decision making by the UCSF Stanford board and the leadership group. The faculty board member is responsible for representing faculty from UCSF's four schools and to define the impact of the decisions made by the UCSF Stanford board and leadership group on teaching programs, research and faculty welfare. The nominee is also expected to have a broad-based interest in the University and to serve as a liaison with the faculty of each school to communicate the issues that relate to the academic mission.

Academic Senate members agreed on a number of eligibility criteria that a prospective nominee should meet. The nominee must:

- Be a member of the Academic Senate;
- Have a rank of associate professor or professor;
- Not be a vice chancellor, dean, associate dean or department chair; and
- Have knowledge, skills and willingness to fulfill the responsibilities defined above.

Faculty at Tuesday's meeting were divided on whether or not chairs should be included or excluded from the pool of potential nominees. In the end, though, the motion was amended to exclude chairs by a vote of 19 to 14.

"It is important that department chairs be eligible to be nominated," said Henry J. Ralston, former chair of anatomy. "To exclude them from the nomination process would be unfortunate."

But several other faculty said that although chairs do have the knowledge and skills mix necessary to do the job, chairs do not necessarily represent faculty. Others said that the upper echelon of management is already overrepresented on the board.

"One of the problems in this process has been the lack of input from the faculty all along," said Paul Ekman, professor of psychiatry and an officer of the Faculty Association. "It is very important for this particular representative to be below the chair level and that a chair should not be acting as a representative to the board."

Provisions to limit the slate of nominees to eight individuals and to have the Chancellor further narrow these nominees to three for consideration of the faculty to determine a winner through a simple majority vote were also voted down. Some faculty said that such restrictions were unnecessary in a democratic election process.

Faculty decided to table defining exactly who would be eligible to vote for the faculty representative. The original proposal included all Academic Senate members and salaried clinical faculty (non-Academic Senate members) with a minimum of 80 percent appointment.

Merger update (from page 1)

is being created," says Peter Van Etten, CEO of UCSF Stanford. "We're pleased that we were able to reach a satisfactory agreement."

Similarly, a committee of Stanford Board of Trustees this week is expected to review and take action on the final documents, which include professional services and affiliation agreements between the schools and the new organization, the leasing agreements, the audited financial reports and other materials.

At the last UCSF Stanford board meeting, officials approved audited financial statements of UCSF Medical Center and Stanford Health Services as of March 31, 1997. The audit showed UCSF with an operating gain of some $30 million. Stanford's gains were slightly less than that, reports Lee Goldman, UCSF faculty representative to the UCSF Stanford board and chair of the department of medicine.

If UC Regents OK the merger details on Friday, the new organization plans to mail job offer letters to employees' homes next week. The offers will include confirmation of the job title, pay rate and, in some cases, a schedule of hours. A host of activities are being planned to kick off the official opening of UCSF Stanford Health Care at both campuses as well. Watch Newsbreak and Daybreak for continuing coverage.

"Doctors, researchers, and educators at both Stanford and UCSF feel growing excitement about the potential of the merger"

— CHANCELLOR HAILE DEBAS

The first of its kind

If the UCSF Medical Center partners with Stanford, it will represent the first public/private merger of academic medical centers of its kind and will mark a turning point in the history of the University of California.

At first, the public announcement in November 1995 that the neighboring medical centers had entered into preliminary discussions about collaborating patient care programs shocked both campus insiders and outsiders. While Gov. Pete Wilson described the negotiations "as a bold, innovative approach" two months later, many had long viewed Stanford as UCSF's main competitor in the specialized health care market.

Some urged the University to take a less radical approach — such as partnering with UC medical centers. But UCSF officials were quick to point out and continue to explain that since two-thirds of UCSF's patients come from the Bay Area, merging with another hospital outside its geographic region would not deliver the patients necessary to support its cutting-edge research and education of future health care professionals. And although UCSF would be the first of UC's five medical centers to form a major partnership, medical centers at UC Irvine and UC San Diego may follow suit.

Some merger opponents argue that UCSF could weather the stormy managed health care marketplace alone. But three different analyses of the plan confirm that the University would be in a better position to survive if not thrive by combining its strengths with Stanford's to improve the clinical and financial performance of patient care services and bolster its teaching and research programs.

A report by the State Auditor issued this month found that the "estimated increased income from the merger is likely to help ensure that the present level of funding being transferred from the medical centers to the medical schools will continue in the future. Also, it may allow for increased funding that could be transferred to the medical schools if the merger is very successful."

The state audit also found that the two medical centers are about financially equal — dispelling some beliefs that one would be a financial burden on the other. In fact, the merger could result in a $120 million benefit to the combined organization over a four-year period, state auditors say.

Sept. 16–22, 1997

UCSF CELEBRATES WEEK OF CARING

16 Tuesday

BROWN BAG LECTURE: Valerie Baker, assistant professor of the department of obstetrics, gynecology and reproductive sciences, presents *Menopause: Health Issues for the Prime Time.* Learn about weighing the risks and benefits of hormone replacement therapy and explore the alternatives to make an informed decision about your health care, 12-1 p.m., Herbst Hall, Mount Zion. Sponsored by Public Service Programs. Call 476-4394.

MEDITATION CLASSES: Conducted by Brahma Kumaris Meditation Center and sponsored by the Institute of Healing Arts and Sciences, 12-1 p.m., N 617. Free. Call 584-4416 to register.

SEMINAR: Bruce Stillman of Cold Spring Harbor Laboratory, presents *Cell Cycle Control of the Initiation of DNA Replication Eukaryotes*, 4 p.m., HSW 301. Sponsored by the Herbert W. Boyer Fund. Call 476-8782.

FULL MOON SEA KAYAKING: Spend a special evening on the Bay in stable, double sea kayaks. Voted "Best Watery Romance" by the Bay Guardian. First-time paddlers welcome. Sign-up at Outdoors Unlimited Rental Center. Cost $35/45/50. Call 476-2078.

17 Wednesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

T'AI CHI CH'UAN - YANG STYLE: This introductory class will increase strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m.-noon, MU Fitness Center. Call 476-1115.

BROWN BAG LECTURE: Nelson Artiga-Dias, clinical director of the UCSF family dental center at SFGH, presents *Diabetes and Your Oral Health.* Learn how to protect your oral health and avoid the serious medical and dental complications that can occur with diabetes, 12:10-1 p.m., Toland Hall. Sponsored by Public Service Programs. Call 476-4394.

UC RETIREMENT SYSTEM MEETING: The Office of Benefits and Financial Planning describe the features of the University of California Retirement Plan (UCRP) and Defined Contribution Plan (DCP) and how they work, 12-1 p.m., MCB Room 126. Call 476-1400.

18 Thursday

BROWN BAG LECTURE: Kimberly A. Trotter, chief technologist of the sleep disorders clinic, presents *Sleep Disorders and Their Effects.* Learn how the most common sleep disorders can affect your professional and personal life, 12-1 p.m., MCB Room 126. Call 476-4394.

PASSPORT FASHION SHOW: Macy's Passport '97 "Fusion" show, presented by American Express, will raise funds for AIDS research and patient services, including those at SFGH. Call 1-800-678-5440 or visit their website at http://www.passport97.macys.com.

Elizabeth Taylor co-chairs the Macy's Passport Show slated for Sept. 18 and 19.

19 Friday

UC REGENTS MEET: UC Regents expected to take final vote of the proposed merger of UCSF and Stanford Health Services. Laurel Heights auditorium.

PASSPORT FASHION SHOW: See above.

22 Monday

T'AI CHI CH'UAN - YANG STYLE: This introductory class will increase strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation, 11 a.m.-noon, MU Fitness Center. Call 476-1115.

BETTER VISION NOW: John Stanley, professor of ophthalmology, presents Better Vision Now. Learn about new surgery options for the correction of nearsightedness and astigmatism, from laser surgery to corneal implants, 6 p.m., Beckman Vision Center, 8 Kirkham Ave. Free. Call 476-5021.

Open enrollment begins for merger employees

UCSF Stanford Health Care plans to mail open enrollment benefits packets to employees following the UC Regents' vote on the merger on Friday, Sept. 19.

The open enrollment period is scheduled to begin on Monday, Sept. 22 and will continue through Friday, Oct. 10. Employee packets will contain information for selecting and enrolling in benefit plans, including guides to health benefits, retirement options and worksheets. Detailed provider directories and retirement investment choices will not be included in the packets, but will be available at the benefits fairs beginning on Wednesday, Sept. 24.

Making the enrollment process more efficient is a new automated benefits sign-up system, called the "interactive voice response" (IVR) system, that employees will use to enroll. Employees may sign up from home, work, or from phones that will be available at the benefits fairs. Within a few days of enrolling, written confirmations will be mailed directly to employees' homes. For those employees who are uncomfortable with or unable to use the new system, assistance will be available at the benefits fairs.

Benefits fairs

Wednesday, Sept. 24, 10 a.m.-2 p.m.
Mission Center Building, Room 126

Thursday, Sept. 25, 7 a.m.-3 p.m.
Millberry Union Gym

Tuesday, Sept. 30, 7 a.m.-4 p.m.
UCSF/Mount Zion Nosherie

Friday, Oct. 3, 10 a.m.-2 p.m.
Oyster Point - 612 Conference Room
612 Forbes Blvd., South San Francisco

Monday, Oct. 6, 11 a.m.-7 p.m.
Millberry Union Conference Center

UPCOMING EVENTS

Bone marrow drives

A bone marrow donor drive will be held on Thursday and Friday, Sept. 18 and 19 at UCSF at the Medical Sciences Building lobby and Saunders Court, 11 to 5 p.m. The drive is being held to find donor matches for minorities, such as Alan Kuo, the UCSF postdoc who is in desperate need of a bone marrow transplant.

Domestic violence forum

The UCSF Rape Prevention Education Program will present "Domestic Abuse: Silence=Violence" on Wednesday, Oct. 8, from 12 to 1 p.m., in N 225. Women, family and friends will discuss personal stories about how they survived domestic violence and the ways it has shaped their perspectives and lives. Panelists will include a UCSF employee and experts in the field of domestic violence from La Casa de las Madres and Community United Against Violence. "The Silent Witness Project" will also be on limited display at the panel presentation. Free and open to the public. For more information, call Danielle Tillman at 476-5223.

Depression screening

A screening for depression will be held on Thursday, Oct. 9, from 10 a.m. to 2 p.m., at the Langley Porter Psychiatric Institute auditorium. The screening is designed to educate people about depression, destigmatize the illness and bring those suffering from depression into the health care system for evaluation and treatment. For more information, call Laura M. Deering, RN, MPH at 476-7586.

Financial planning seminar

The Alumni-Faculty Association of the School of Medicine invites you to attend a financial planning seminar entitled The Early and Middle Years, on Wednesday, Oct. 15, 7 to 9 p.m., at the UCSF Faculty/Alumni House, 745 Parnassus Ave. The speaker, Daniel K. Beatty, is a financial planner with John W. Brooker & Co., CPAs, who specialize in financial planning for physicians and dentists. Cost for current alumni-faculty association members and their spouse/partner is free and for non-members and their spouse/partner $10 per household. Please RSVP by Oct. 10. For further information, call 476-1471.

Domestic violence exhibit

In observance of Domestic Violence Awareness Month, the UCSF Rape Prevention Education Program will present "The Silent Witness Project: A National Touring Exhibit" on Wednesdays, Oct. 15, 22 and 29, at Mount Zion cafeteria (10/15), SFGH cafeteria (10/22) and MCB main lobby (10/29). The visual exhibit is a dramatic living memorial to women who were murdered by their partners in domestic violence-related crimes. The witnesses are life-sized figures of women each bearing a shield which tells her poignant story. General information and resources for survivors, family and friends will be on display and staff members from the Women's Resource Center and Rape Prevention Education Program will be available to answer any questions. For more information, call Danielle Tillman at 476-5223.

Family day at Great America

UCSF and EMPACT! present UCSF family day at Paramount's Great America on Saturday, Oct. 18, from 2 to 10 p.m.

Paramount's GREAT AMERICA

Enjoy a picnic meal, free shows, an EMPACT! raffle drawing, exclusive ride time and private shows. Cost is $20 for ages (7 years and up), $15 for UCSF students (ID required, one per student), and $10 for children (3-6 years). Children under 2 years get in free. The event is sponsored in part by Airtouch Paging. Tickets are available at all EMPACT! ticket sites. For more information, call 476-2675.

Special dinner benefits SFGH Foundation

Sam's Grill and Seafood Restaurant, a longtime San Francisco eatery, will host a special event dinner to benefit the SFGH Foundation on Thursday, Oct. 23, beginning at 5:30 p.m., at 374 Bush Street. All contributions are tax deductible to the extent permitted by law. For further information, call 206-4478.

Employee Community Campaign to start

Please mark your calendars for the UCSF Employee Community Campaign, which will be held from Oct. 27 through Nov. 7.

This is an opportunity for UCSF faculty and staff to provide financial support for community agencies helping to change the world a little at a time. For more information about this annual fundraiser, call Katherine Riordan in the Public Affairs office, at 476-0729.

Osteoporosis (from page 1)

UCSF researchers also presented study findings that show fractures caused by osteoporosis dramatically increase a woman's risk of being hospitalized — even for reasons unrelated to osteoporosis or bone fractures.

This study found that women treated with the drug alendronate were 20 percent less likely to be hospitalized than women taking a placebo, according to Dennis Black, UCSF associate professor of epidemiology and biostatistics. In addition, after a woman experienced a fracture, she was 75 percent more likely to be hospitalized for reasons unrelated to fractures.

"Some hospitalizations in patients with osteoporosis occur as a direct result of fractures, especially fractures of the hip," Black says. "Our study found that treatments that reduce fracture incidence may also play a role in decreasing the incidence of hospitalizations, even those unrelated to the fracture."

Hip fractures are the most costly and debilitating of all osteoporotic fractures. Of the women who suffer hip fractures in the US, about one in five will require long-term care in a nursing home, half will be permanently disabled, and 10 to 20 percent will die within one year of complications associated with the fracture, according to Black.

"All hip fractures require surgery and hospitalization with an estimated cost of $20,000 to $25,000," Black says, "but less is known about other types of fractures. Our results suggest that the additional hospitalizations resulting from fractures may mean these fractures cost much more than previously believed."

Black adds that more research is needed to understand the link between fractures and the increased risk for hospitalization from causes not related to fractures.

FIT is a collaborative effort of UCSF and 11 academic sites across the nation. Results from the first arm of FIT, published last year, show a 51 percent lower risk of hip fractures and 47 percent lower risk of new spinal fractures among postmenopausal women with at least one spinal fracture who took alendronate.

Alendronate, which is available as Fosamax in more than 50 countries including the US, was developed by Merck & Co. Inc, USA, which operates in many countries as Merck Sharp & Dohme.